

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 98862 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Kohles

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 65 ~~65~~ Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 211 N. 20th St

Cause of Death, { First (Primary), Second (Immediate), } Senility

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 29th 1887

Undertaker, G. France

Place of Business, — Address, 107 S. Howard St

Medical Attendant, W. S. Flores M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on p. 2.

Health Department, City of Baltimore.

Permit No. 98863

Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th March 1887

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Margaret Lawless

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 50 Years, Months, — Days.

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, —

Birth Place, (State or country, and how long in the United States, if of foreign birth.) Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, (Give Street and Number.) 1830 Dover

Cause of Death, (First (Primary), Second (Immediate),) Cirrhosis of the Liver

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 29

Undertaker, J. B. Cook

Place of Business, 1003 W. Patow Address, 707 N. Lombard

Medical Attendant, Dr. T. McPherson M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 7886

Office of Registrar of Vital Statistics.

Ward 172

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 "1887

Full Name of Deceased, Rosa M Adams

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 5 Months, Years, Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birth Place, Baltimore Md

Duration of Residence in the City of Baltimore, Driving Life

Place of Death, 1736 Johnson

Cause of Death, Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, New Catholic

Date of Burial, Mar 28 "1887

Undertaker, Bernard Herli

Place of Business, 113 West St

Address, 154 Fort St

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98865 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George A. Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Sixty Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 18 E. Madison St

Cause of Death, { First (Primary), Chronic Bronchitis

{ Second (Immediate), Apnoea

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Mar 29th 1887

{ Undertaker, J E. Mangham

{ Place of Business, Address, 108 Conway St

Medical Attendant, W. L. Barclay M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98866

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Sauer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days,

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } US

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1816 Byrd St

Cause of Death, { First (Primary), Second (Immediate), } Meningitis. —

Duration of Last Sickness, 3 dys —

All the above information should be furnished by the Physician.

Place of Burial, St Albans C

Date of Burial, Mar 29

{ Undertaker, B. H. Hall } G. Strauss — M. D. Medical Attendant.

{ Place of Business, 115 West Address, 9-2 Montgomery }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98867 Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th of March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles O. Thompson

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 30 Years, Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Laborn

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Scandinavian, 2 years in U. S.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give Street and Number. } 74th Street Forest Point

Cause of Death, { First (Primary), Second (Immediate), } Bronchitis & Scurfew following measles.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 29

{ Undertaker, B. Hark

{ Place of Business, 115th West St

A. S. Reinhard M. D.

Medical Attendant.

Address, 720 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *98868*

Office of Registrar of Vital Statistics.

Ward *18^c*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 27th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ada Williams

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

1

Months,

21

Days.

Color,

Mulatto

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

S Monroe St # 521

Cause of Death,

{ First (Primary),

Accidentally smothered in bed by

Second (Immediate),

the side of her mother

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western P. Cemetery

Date of Burial,

March 28/87

Undertaker,

Geo E Brown

L. S. Sparrow

M. D.

Medical Attendant.

Place of Business,

Health Office

Address,

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98869 Office of Registrar of Vital Statistics. Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Foreman

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 61 Years, 8 Months, 11 Days

Color, Colored

Married, ~~Single~~ ~~Widow~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Gardener

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Ind

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 55 Short St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
Old age

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, March 28 - 1887 -

Undertaker, W. W. Madden Francis A. Lauer M. D.
Medical Attendant.

Place of Business, 46 East St. Address, 1139 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the requirements below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98870 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Jane

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1034 Duham St.

Cause of Death, { First (Primary), Second (Immediate), } Spasms

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 28

Undertaker, W. L. Dwyer M. D., Medical Attendant.

Place of Business, 157 S. Bond St. Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98871 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie K. Ball

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, - Days

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 220 Carlton St. 225

Cause of Death, { First (Primary), Second (Immediate), } Inanition
Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Cemetery

Date of Burial, March 29th 1887

Undertaker, Emil W. Chase E. W. Weber M. D.

Medical Attendant.

Place of Business, 644 S. Howard St. Address, 814 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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